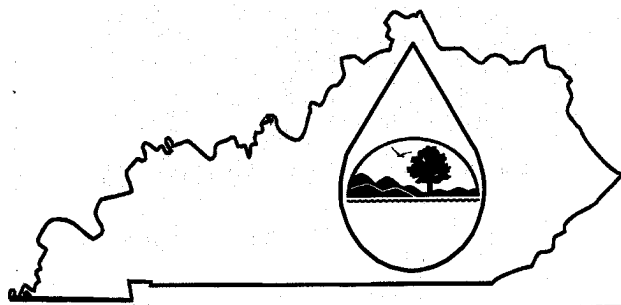


KPDES FORM 1

99894

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☒ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$1250.00 CK.

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0107328
A. Name of Business, Municipality, Company, Etc. Requesting Permit Evans Coal Corporation			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name: Evans Coal Corporation, Mine #11		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> A.Y. Evans	
Facility Location Address (i.e. street, road, etc., not P.O. Box): Hwy 225 & Hwy 930		Mailing Address: 10853 South Hwy 25E	
Facility Location City, State, Zip Code: Artemus, KY		Mailing City, State, Zip Code: Flat Lick, KY 40935	
D. Owner's name (if not the same as in part A and C):		Facility Contact Telephone Number: (606) 542-0825	
Owner's Mailing Address:		Owner's Telephone Number (if different): (606) 542-0825	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This is a mining operation which will recover coal reserves using the surface auger, surface contour, surface reining and underground recover methods. The resulting coal will be sold and the area will be graded and backfilled to AOC.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 1221-Bituminous Surface Mining

Other SIC Codes: 1222-Underground Mining

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:
Knox

City where facility is located (if applicable):
Artemus

C. Body of water receiving discharge:
Cumberland River

D. Facility Site Latitude (degrees, minutes, seconds):
36-49-55

Facility Site Longitude (degrees, minutes, seconds):
83-48-47

E. Method used to obtain latitude & longitude (see instructions): GPS, Map Interrpolation

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☒

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0107328

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

861-5340

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Barbara Evans
10835 South Hwy 25E
Flat Lick, KY 40935

DMR Official Telephone Number:

(606) 542-0825

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Barbara Evans, Evans Coal Corporation

DMR Mailing Address:

10835 South Hwy 25E

DMR Mailing City, State, Zip Code:

Flat Lick, KY 40935

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Surface Mining Operation

Filing Fee Enclosed:

\$1,200

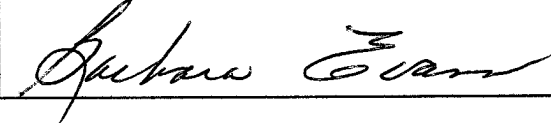
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☐ Ms. ☒ Barbara Evans, President

SIGNATURE



TELEPHONE NUMBER (area code and number):

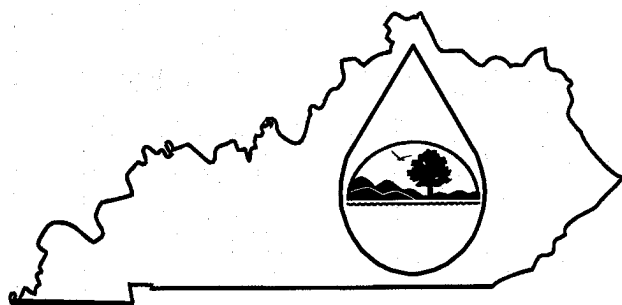
(606) 542-0825

DATE:

8-28-08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Evans Coal Corp.	County: Knox						
I. OUTFALL LOCATION	AGENCY USE						

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	49	50	83	48	37	Unnamed tributary to the Cumberland River
002	36	49	45	83	48	15	Unnamed tributary to the Cumberland River
003	36	49	31	83	48	16	Unnamed tributary to the Cumberland River
004	36	49	15	83	48	40	Unnamed tributary to the Cumberland River
005	36	48	49	83	48	27	Unnamed tributary to Gregory Branch
006	36	48	38	83	48	31	Unnamed tributary to Gregory Branch
007	36	48	41	83	48	13	Unnamed tributary to Gregory Branch
008	36	48	46	83	48	08	Unnamed tributary to Gregory Branch
009	36	48	48	83	48	06	Unnamed tributary to Gregory Branch
010	36	48	54	83	48	13	Unnamed tributary to Gregory Branch
011	36	49	00	83	48	05	Unnamed tributary to the Cumberland River
012	36	49	19	83	48	36	Unnamed tributary to Gregory Branch
013	36	49	21	83	48	36	Unnamed tributary to Gregory Branch
014	36	49	11	83	48	02	Unnamed tributary to the Cumberland River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	40.96 acres watershed	Precipitation Dependant	Sedimentation	1-U
002	14.99 acres watershed	Precipitation Dependant	Sedimentation	1-U
003	39.33 acres watershed	Precipitation Dependant	Sedimentation	1-U
004	25.86 acres watershed	Precipitation Dependant	Sedimentation	1-U
005	28.10 acres watershed	Precipitation Dependant	Sedimentation	1-U
006	27.14 acres watershed	Precipitation Dependant	Sedimentation	1-U
007	33.16 acres watershed	Precipitation Dependant	Sedimentation	1-U
008	8.62 acres watershed	Precipitation Dependant	Sedimentation	1-U
009	15.87 acres watershed	Precipitation Dependant	Sedimentation	1-U
010	6.37 acres watershed	Precipitation Dependant	Sedimentation	1-U
010	5.73 acres watershed	Precipitation Dependant	Sedimentation	1-U
011	8.63 acres watershed	Precipitation Dependant	Sedimentation	1-U
012	7.24 acres watershed	Precipitation Dependant	Sedimentation	1-U
013	8.60 acres watershed	Precipitation Dependant	Sedimentation	1-U
014	8.24 acres watershed	Precipitation Dependant	Sedimentation	1-U

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

- C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐

Yes (Complete the following table.)

☒

No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

- D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
No significant concentrations of toxic pollutants or hazardous substances are believed to be present in any outfall.			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

- A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

- B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

- C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Appalachian States Analytical	P.O. Box 20 Shelbania, KY 41562	(606) 437-5616	BOD, TOC, COD, Ammonia, Oil and Grease, Alumimum, Hardness
Standard Laboratories	219 Main St. Jacksboro, TN 37757	(423) 562-1934	TSS, Iron, Manganese, Sulfate, pH, flow

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): BARBARA EVANS, PRESIDENT	TELEPHONE NUMBER (area code and number): 606-542-0825
SIGNATURE 	DATE 8-28-08

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO. 1 - 14	
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT								3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	<3						1	Mg/s				
b. Chemical Oxygen Demand (COD)	6						1	Mg/l				
c. Total Organic Carbon (TOC)	1.54						1	Mg/l				
d. Total Suspended Solids (TSS)						6	6	Mg/l				
e. Ammonia (as N)	1.7						1	Mg/l				
f. Flow (in units of MGD)	VALUE		VALUE		VALUE	0.000104	6		MGD	VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE				°C	VALUE		
h. Temperature (summer)	VALUE	20.6	VALUE		VALUE		1		°C	VALUE		
i. pH	MINIMUM 6.65	MAXIMUM 7.28	MINIMUM	MAXIMUM			6	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Value	(2) Mass	
a. Bromide (24939-67-9)		X												
b. Bromine Total Residual			X											
c. Chloride														
d. Chlorine, Total Residual			X											
e. Color			X											
f. Fecal Coliform			X											
g. Fluoride (16984-48-8)			X											
h. Hardness (as CaCO ₃)			X											
i. Nitrate - Nitrite (as N)			X											
j. Nitrogen, Total Organic (as N)			X											
k. Oil and Grease		X												
l. Phosphorous (as P), Total 7723-14-0			X		16.1									
m.														
Radiocactivity														
(1) Alpha, Total			X											
(2) Beta, Total			X											
(3) Radium Total			X											
(4) Radium, 226, Total			X											

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
			a.				b.						a.		b.	
	a. Believed Present	b. Believed Absent	Maximum Daily Value (1)	Value (2)	Mass	Maximum 30-Day Value (if available) (1)	Value (2)	Mass	Long-Term Avg. Value (if available) (1)	Value (2)	Mass	No. of Analyses	Long-Term Avg. Value (1)	Value (2)	Mass	No. of Analyses
n. Sulfate (as SO ₄) (14808-79-8)	X		36.6								6	Mg/l				
o. Sulfide (as S)																
p. Sulfite (as SO ₃) (14286-46-3)		X														
q. Surfactants		X														
r. Aluminum, Total (7429-90)		X									1	Mg/l				
s. Barium, Total (7440-39-3)		X														
t. Boron, Total (7440-42-8)		X														
u. Cobalt, Total (7440-48-4)		X														
v. Iron, Total (7439-89-6)	X								0.45		6	Mg/l				
w. Magnesium Total (7439-96-4)		X														
x. Molybdenum Total (7439-98-7)		X														
y. Manganese, Total (7439-96-6)	X								0.17		6	Mg/l				
z. Tin, Total (7440-31-5)		X														
aa. Titanium, Total (7440-32-6)		X														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)			X												
7M. Lead Total (7439-92-1)			X												
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value (1)	Concentration (2)	Value (if available) (1)	Concentration (2)	Value (if available) (1)	Concentration (2)				Long-Term Avg Value (1)	Concentration (2)	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION - VOLATILE COMPOUNDS															
IV. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloro- benzene (108-90-7)			X												
8V. Chlorodibromo- methane (124-48-1)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Di-chloropropane (78-87-5)			X												
18V. 1,3-Dichloropro-pylene (452-75-6)			X												
19V. Ethyl-benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS			5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1)	(2) Mass	b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X												
24V. Tetrachloro- ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X												
27V. 1,1,1-Trifluoro- chloroethane (71-55-6)			X												
28V. 1,1,2-Trifluoro- chloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			X												
2A. 2,4-Dichlor-Orophenol (120-83-2)			X												
3A. 2,4-Dimeth-ylphenol (105-67-9)			X												
4A. 4,6-Dinitro-o-cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitro-phenol (88-75-5)			X												
7A. 4-Nitro-phenol (100-02-7)			X												
8A. P-chloro-m-cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phyllene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value (1)	Mass (2)	Value (1)	Mass (2)	Value (1)	Mass (2)				Long-Term Avg Value (1)	Mass (2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl- benzyl phthalate (85-68-7)			X												
15B. 2-Chloro- naphthalene (7005-72-3)			X												
16B. 4-Chloro- phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo- (a,h) Anthracene (53-70-3)			X												
19B. 1,2- Dichloro- benzene (95-50-1)			X												
20B. 1,3- Dichloro- Benzene (541-73-1)			X												
21B. 1,4- Dichloro- benzene (106-46-7)			X												
22B. 3,3- Dichloro- benzidine (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
24B. Dimethyl Phthalate (131-11-3)			X													
25B. Di-N- butyl Phthalate (84-74-2)			X													
26B. 2,4-Dinitro- toluene (121-14-2)			X													
27B. 2,6-Dinitro- toluene (606-20-2)			X													
28B. Di-n-octyl Phthalate (117-84-0)			X													
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X													
30B. Fluoranthene (208-44-0)			X													
31B. Fluorene (86-73-7)			X													
32B. Hexachloro- benzene (118-71-1)			X													
33B. Hexachloro- butadiene (87-68-3)			X													
34B. Hexachloro- cyclopenta- diene (77-47-4)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
35B. Hexachlo- roethane (67-72-1)			X													
36B. Indneo- (1,2,3-oc)- Pyrene (193-39-5)			X													
37B. Isophorone (78-59-1)			X													
38B. Naphthalene (91-20-3)			X													
39B. Nitro- benzene (98-95-3)			X													
40B. N-Nitroso- dimethyl- amine (62-75-9)			X													
41B. N-nitrosodi-n- propylamine (621-64-7)			X													
42B. N-nitro- sodiphenyl- amine (86-30-6)			X													
43B. Phenan- threne (85-01-8)			X													
44B. Pyrene (129-00-0)			X													
45B. 1,2,4 Tri- chloro- benzene (120-82-1)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1)	b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
GC/MS FRACTION – PESTICIDES														
1P. Aldrin (309-00-2)			X											
2P. α-BHC (319-84-6)			X											
3P. β-BHC (58-89-9)			X											
4P. gamma-BHC (58-89-9)			X											
5P. δ-BHC (319-86-8)			X											
6P. Chlordane (57-74-9)			X											
7P. 4,4'-DDT (50-29-3)			X											
8P. 4,4'-DDE (72-55-9)			X											
9P. 4,4'-DDD (72-54-8)			X											
10P. Dieldrin (60-57-1)			X											
11P. α- Endosulfan (115-29-7)			X											
12P. β- Endosulfan (115-29-7)														
13P. Endosulfan Sulfate (1031-07-8)			X											
14P. Endrin (72-20-8)			X											

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass			
GC/MS FRACTION – PESTICIDES																	
15P. Endrin Aldehyde (7421-93-4)			X														
16P. Heptachlor (76-44-8)			X														
17P. Heptachlor Epoxide (1024-57-3)			X														
18P. PCB-1242 (53469-21-9)			X														
19P. PCB-1254 (11097-69-1)			X														
20P. PCB-1221 (11104-28-2)			X														
21P. PCB-1232 (11141-16-5)			X														
22P. PCB-1248 (12672-29-6)			X														
23P. PCB-1260 (11096-82-5)			X														
24P. PCB-1016 (12674-11-2)			X														
25P. Toxaphene (8001-35-2)			X														



ENGINEERING CONSULTING SERVICES, INC.

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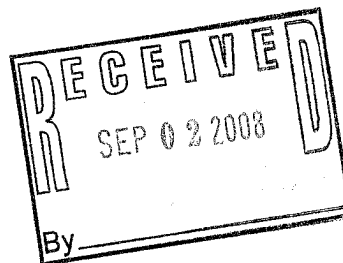
1005 S. MAIN, STE. 102

CORBIN, KY 40701



August 29, 2008

Ross Bishop
KPDES Branch
Division of Water
Frankfort Office Park
18 Reilly Road
Frankfort, KY 40601



Dear Ross:

Please find enclosed **KPDES Form 1**, **KPDES Form C** and the required **filing fee** of \$1250.00 (Check# 35145) for Evans Coal Corporation, DNR #: 861-5340. I mailed, under separate cover the HQAA on August 22, 2008.

Should you have questions or need additional information, please contact me at (606) 526-6396.

I appreciate your prompt response to this application.

Sincerely,

Debra Haggard, Biologist

Enclosures: KPDES Form 1
KPDES Form C
Filing Fee

Celebrating 25 Years of Service

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859-233-2103 PHONE
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